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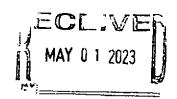
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COVER LETTER

Division of Corporations
SUBJECT: FLAGLER STORAGE LTD (Name of Florida Limited Partnership or Limited Liability Limited Partnership)
(
The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: STEVE LUCAS
(Contact Person)
HOOPER CONSTRUCTION INC
(Firm/Company)
421 N ANDREWS AVENUE
(Address)
FORT LAUDERDALE, FL 33301
(City, State and Zip Code)
For further information concerning this matter, please call:
STEVE LUCAS at (954 761-8439 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status \$105.00 Filing Fee S113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

RECEIVED

ES02 1 0 YAM

CERTIFICATE OF DISSOLUTION FOR

FLAGLER STORAGE LTD							
(Name of Florida Limited Partnership o	r Limited Lial	bility Li	mited Part	mership)			
Pursuant to the provisions of section partnership or limited liability limit Florida Department of State on 02 document number A07000001000 Dissolution.	ed partners!	hip, wh	ose cert	ificate wa	is filed v signed F	vith the lorida	
FIRST: Reason for dissolution: (S	State why p	artners	hip is su	bmitting :	dissoluti	on)	
NO LONGER NEEDED							_
	·		<u>, </u>				_
SECOND: A Notice of Disso (Check box if a	ittached.)						
THIRD: Effective date, if other than the (Effective date cannot be prior to nor more Department of State.) Note: If the date inserted in this block does not be listed as the document's effective definition.	e than 90 days	s <i>ajter th</i> : applica	i <i>e date thi.</i> ble statuto	ory filing re			
Signatures of each general partner or the p	erson appoint	ed pursu 	ant to s. 6	520.1803(3) 	or (4), F.	——————————————————————————————————————	_ 291
Manager	_	_			<u>.</u>		128 HAY
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75					TARY OF S ASSEE, FLI	
						ORIE	AM II: 58